



**Longford Westmeath Mental Health  
Approved Centre – Cluain Lir Care Centre**

**Policy Title: Reduction of Restrictive Practices Policy**

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*Dr. M O'Hanlon*

*Anthony Coyne*

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## **1.0 Policy Statement:**

Longford Westmeath Mental Health Service is committed to the reduction of both the frequency and duration of restraint episodes in approved centres.

## **2.0 Purpose**

The purpose of this document is to direct staff on the process for the reduction and elimination where possible of Enduring Mechanical & Physical Restraint.

- I. We will update the local Policies on Enduring Mechanical & Physical Restraint in line with the revised rules and codes for Enduring Mechanical & Physical Restraint.
- II. We will develop a proforma for debriefing post Enduring Mechanical & Physical Restraint and for the Multidisciplinary (MDT) review to ensure that all the required components are captured.
- III. We will devise a flow diagram for behavioural analysis and Positive Behavioural Support Plans.

## **3.0 Scope**

All members of the Multi-Disciplinary Team

## **4.0 Legislation & Other Related Polices**

- 4.1** Mental Health Act 2001.
- 4.2** Mental Health Commission (2022) Rules Governing the Use of Mechanical Means of Bodily Restraint.
- 4.3** Mental Health Commission (2022) Code of Practice on the Use of Physical Restraint.
- 4.4** Mental Health Commission (2020) the uses of restrictive practices in approved centres activities report.
- 4.5** Mental Health Commission (2014) Seclusion and Physical Restraint Reduction Strategy: Consultation Report.
- 4.6** SECH Mental Health Services Positive Behaviour Support Guidance.

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## 5.0 Glossary of Terms and Definitions

- **MDT:** Multi-Disciplinary Team
- **RP:** Registered Proprietor
- **CD:** Clinical Director
- **Area DON:** Area Director of Nursing
- **ADON:** Assistant Director of Nursing
- **CNM 3:** Clinical Nurse Manager 3
- **QPS:** Quality and Patient Safety
- **ORC-CLCC:** Oversight and Review – Cluain Lir Care Centre
- **Prone Restraint:** A physical restraint in a chest down position, regardless of whether the person’s face is down or to the side.  
**\*Note this is at odds with the MHC own definition**

## 6.0 Roles and Responsibilities

- 6.1** It is the responsibility of all staff to adhere to this Policy.
- 6.2** It is the responsibility of the ORC – CLCC to ensure that this Policy is reviewed triennially or at any time there is a change of practice.
- 6.3** It is the responsibility of individual line managers to ensure that all staff in their Department are aware of this Policy and that work practices are in line with the Policy.
- 6.4** All staff must demonstrate that they have read and have understood the processes of this policy by signing the signature log attached to the front of the Policies and Procedures Manual.
- 6.5** The role of the person with overall responsibility and delegated authority for the reduction of restraint is to bring objective oversight and:
- To look for patterns and trends in restraints
  - To ensure that the codes of practice and policy are being adhered to.
  - To seek additional information where necessary and enquire into episodes of restraint that appear irregular
  - To ensure every episode of prone restraint is examined and they are satisfied it was necessary
  - To ensure the service is accountable for each episode of restraint

## 7.0 Procedure

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A Multidisciplinary Oversight Committee has been established to analyse in detail every episode of physical and mechanical restraint. The committee is meeting quarterly to fulfil the functions as outlined in the revisions:

- I. Determine if there was compliance with the rules governing the use of restraint for each episode of enduring mechanical & physical restraint reviewed;
- II. Determine if there was compliance with the approved centre's own policies and procedures relating to physical and mechanical restraint;
- III. Identify and document any areas for improvement;
- IV. Identify the actions, the persons responsible, and the timeframes for completion of any actions;
- V. Provide assurance to the RP (or their nominee) that each use of enduring mechanical & physical restraint was in accordance with the Mental Health Commission's Rules;
- VI. Where Prone Restraint is used, it will be reviewed by the committee and explanations why it was used and assurances will be provided to the registered proprietor.

The Committee is also overseeing the formulation of this Reduction Policy.

Given that "The Rules emphasise the importance of strong governance and oversight mechanisms as key to successful reduction and elimination strategies", we have strong governance and oversight of Restrictive Practices in the current governance structure in addition to this Oversight Committee;

1. The Nursing management team ADON and CNM 3 are sited in the approved centre to ensure strong governance within the centre. All episodes of Physical and Mechanical Restraint are reviewed with ward staff by the ADON on duty on a daily basis.
2. Audits of each episode of Restrictive Practices are included in QPS report and are presented monthly to management group (Monthly to the Longford Westmeath Mental Health Catchment Area Management team and the Approved Centre Governance Group). They are also now presented to the Oversight Committee and full review of each episode in detail as per the revised Rules and Code of Practice is conducted.

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3. We will provide comfort boxes which can be provided for use to service users who may be triggered or experiencing trauma in an attempt to de-escalate and prevent aggressive incidents occurring.
4. Each episode of restraint, the debriefing and MDT meetings are audited and presented at the Oversight committee and feedback is sent to the clinical team where indicated.
5. A key aspect of the reduction strategy will be learning from the positive behavioural support plans which includes analysis of underlying precipitants or causes leading to episodes and alternative strategies that can be deployed to avoid future episodes for the individual client and more generalised strategies that emerge from trend analysis of episodes by the Oversight Committee and insights and evidence based strategies emerging from the Restrictive Practice Group. Learning will be disseminated through the educational channels described above and effects monitored by the continuous audit cycle.
6. Reports will be made following each oversight committee meeting for staff who may participate in restraint to promote on-going learning.

## **8.0 Training**

All staff involved in Physical and Mechanical Restraint will participate in the following training:

- Mental Health Act 2001-HSELand
- Changes to the Rules and Code of Practice on Restrictive Practices-HSELand
- Changes to Code of Practice on Physical Restraint-HSELand
- Changes to the Rules on Mechanical Restraint-HSELand
- Therapeutic Management of Violence and Aggression
- Management of Actual or Potential Aggression
- Training on Revision to the rules and codes of practice relating to Physical Restraint and Mechanical Restraint, covering Human Rights, Legal Principles, Trauma Informed Care, Alternatives to Restrictive Practices, Early Indicators and Triggers & Cultural Competence

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## **9.0 Method used to review operation of Standard Operating Procedures**

Cluain Lir Care Centre - Oversight and Review Committee for the reduction of physical restraint/enduring mechanical restraint – St Bridget’s and St Marie Goretti’s Wards.

## **10.0 Frequency of Review**

Review at each meeting

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